

**MONITORING REPORT**  
**ADULT DAY CARE AND ADULT DAY HEALTH**

DATE OF VISIT: \_\_\_\_\_

I. PROGRAM: \_\_\_\_\_ COUNTY: \_\_\_\_\_

II. TYPE OF VISIT: ( ) Announced ( ) Unannounced TIME OF VISIT: \_\_\_\_\_

III. ENROLLMENT: # Full-time \_\_\_\_ # Part-Time \_\_\_\_ Month Reviewed \_\_\_\_\_  
 ATTENDANCE: # Participants at time of visit \_\_\_\_ # of Staff \_\_\_\_\_

IV. CONCERNS FROM PREVIOUS VISIT: \_\_\_\_\_

Have these concerns been resolved? ( ) YES ( ) NO (If no, complete DSS Form 6215)

V. AREA REVIEWED:

**Comprehensive Assessment and Care Plan** [10A NCAC 06R .0501 and 06S .0401] –  
Standards, Page 16

Yes   No

- ( ) ( ) A sample of participant records shows a comprehensive assessment completed within 30 days of enrollment.  
 The assessment addresses the following components:
- ( ) ( ) ☐ The individual's ability to perform activities of daily living and instrumental activities of daily living while in the program.
- ( ) ( ) ☐ The mental, social, living environment, economic and physical health status of the participant
- ( ) ( ) The comprehensive assessment is signed and dated by the program director or the director's designee.
- ( ) ( ) A sample of participant records shows individuals' have a written plan for services.
- ( ) ( ) The service plan has been updated at least every six months.
- ( ) ( ) The service plan includes input from the participant, family member or other caregiver and other agency professionals with knowledge of the individual's needs
- ( ) ( ) The service plan is based on the strengths, needs and abilities identified in the initial assessment
- ( ) ( ) The service plan includes:
- ☐ Needs and strengths of the person
  - ☐ Measurable service goals and objectives of care for the participant while in the day care program
  - ☐ Type of interventions to be provided by the program in order to reach desired outcomes;
  - ☐ Services to be provided by the program to achieve the goals and objectives;
  - ☐ Roles of participant, family, caregiver, volunteers and program staff
  - ☐ Time limit for the plan, with provision for review and renewal no less than once every six months

*Continued on Back*

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (7-07)

Check Yes or No. If no, provide explanation.

<b>MONITORING REPORT</b> <b>ADULT DAY CARE AND ADULT DAY HEALTH</b>
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<b>Comprehensive Assessment and Care Plan</b> (Continued)
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VI. COMMENTS/CONCERNS \_\_\_\_\_

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VII. PROGRAM DIRECTOR'S COMMENTS \_\_\_\_\_

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VIII. Continued by ( ) DSS-6215 ( \_\_\_\_ # of forms)

IX. Signatures:

Coordinator	Date	Program Director	Date
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Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (7-07)

Check Yes or No. If no, provide explanation.